

**RULES
OF
TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH INFORMATICS
OFFICE OF HEALTH STATISTICS**

**CHAPTER 1200-7-4
AMBULATORY SURGICAL TREATMENT CENTER DATA SYSTEM**

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1200-7-4-.01 DEFINITIONS.

- (1) “Ambulatory Surgical Treatment Center” shall be defined as in T.C.A. §68-11-201.
- (2) “CMS-1500” is defined to be form Centers for Medicare & Medicaid Services 1500. In July 2001, the Health Care Financing Administration (HCFA) became the Centers for Medicare & Medicaid Services (CMS). Prior to this name change, the CMS-1500 form had been known as the HCFA-1500 form.
- (3) “Commissioner” shall mean the commissioner of the Tennessee Department of Health.
- (4) “Department” shall mean the Tennessee Department of Health.
- (5) “Error” is defined as data that are incomplete or inconsistent with the specifications in the Ambulatory Surgical Treatment Center Data System Procedural Manual.
- (6) “Final Joint Annual Report” is defined as the most recent Joint Annual Report filed by an Ambulatory Surgical Treatment Center where the data contained in the report have been edited, queried, and updated when appropriate, by the Department of Health.
- (7) “Outpatient” shall be defined as a person receiving reception and care in an Ambulatory Surgical Treatment Center (ASTC) for a continuous period less than twenty-four (24) hours for the purpose of giving advice, diagnosis, nursing service, or treatment bearing on the physical health of the person, excluding persons receiving maternity care involving labor and delivery.
- (8) “Personal Identifiers” shall be defined to include the following data elements:
 - Insured’s ID Number
 - Patient’s Name
 - Insured’s Name
 - Patient’s Address: No., Street
 - Patient’s Zip Code (digits 6-9)
 - Patient’s Telephone Number
 - Insured’s Address: No., Street
 - Insured’s Zip Code (digits 6-9)
 - Insured’s Telephone Number
 - Other Insured’s Name
 - Other Insured’s Policy or Group Number
 - Insured’s Policy Group or FECA Number
 - Patient’s Account No.
 - Patient’s Social Security Number

(Rule 1200-7-4-.01, continued)

- (9) "Processed Data" is defined as data that have been analyzed by the Department's designated data vendor(s) and errors, inconsistencies, and/or incomplete elements in the data set, if any, have been identified.
- (10) "Public" shall be defined as anyone other than the THA and the Department of Health.
- (11) "THA" shall be defined as the administrative offices and staff of the Tennessee Hospital Association.
- (12) "Verified Data" is defined as data that have been processed by the Department of Health after the health facilities have had the opportunity to suggest corrections, and/or deletions; and all appropriate revisions have been made to the data by the Department of Health.

Authority: T.C.A. §§4-5-202, 4-5-204, and 68-1-119. **Administrative History:** Original rule filed January 27, 2005; effective April 12, 2005.

1200-7-4-.02 PURPOSE.

The reporting of ambulatory patient data will provide a statewide-integrated database of ambulatory surgical procedures and certain radiological procedures and permit assessment of variations in utilization, practice parameters, access to ambulatory care and estimates of cost trends for ambulatory procedures.

Authority: T.C.A. §§4-5-202, 4-5-204, and 68-1-119. **Administrative History:** Original rule filed January 27, 2005; effective April 12, 2005.

1200-7-4-.03 REPORTING REQUIREMENTS.

- (1) Each licensed Ambulatory Surgical Treatment Center (ASTC) shall report to the Tennessee Department of Health all claims data found on the appropriate form on every patient visit. Claims for discharges reported by ASTCs to the Department under Section 68-3-505 shall not be required.
- (2) Each ASTC shall submit the data through third party entities, hereafter referred to as "vendors", approved by the Department of Health for the purpose of editing the data according to rules and regulations established by the Commissioner.
- (3) The format for reporting the required data elements, and the standards for completeness are defined by the Department in the Ambulatory Surgical Treatment Center Procedural Manual.
- (4) Each ASTC shall be responsible for the costs associated with processing of the data by the approved vendors.
- (5) Each ASTC shall report the claims data at least quarterly to its approved vendor with a separate data set for each facility location.
- (6) Each ASTC shall designate one staff member to be responsible for reporting the claims data and shall notify the Department and its approved vendor of the individual's name, title, work address, work telephone number, and e-mail address.

Authority: T.C.A. §§4-5-202, 4-5-204, and 68-1-119. **Administrative History:** Original rule filed January 27, 2005; effective April 12, 2005.

1200-7-4-.04 REQUIRED DATA ELEMENTS.

- (1) The Tennessee Department of Health, Office of Health Statistics (TDH-HS) will oversee the development of the Ambulatory Surgical Treatment Center Data System (ASTC) Procedural Manual that will list the variables to be reported, their descriptions and reporting format, and other information associated with data submission. The Department of Health shall make future changes in the Procedural Manual when the Commissioner deems changes to be necessary. The Department will notify reporting entities of all revisions. These revisions become effective one hundred and eighty (180) days following the date of notification. At that time, failure to meet the amended requirements is subject to the penalties as prescribed by T.C.A. §68-1-119.
- (2) The data set for each reported discharge, regardless of payer, will include, but is not limited to, the following data elements, as listed on form CMS-1500:
 1. Type of Insurance
 - 1a. Insured's ID Number
 2. Patient's Name
 3. Patient's Date of Birth and Sex
 4. Insured's Name
 5. Patient's Address: No., Street
 5. Patient's Address: City, State
 5. Patient's Zip Code
 5. Patient's Telephone Number
 6. Patient Relationship to Insured
 7. Insured's Address: No., Street
 7. Insured's Address: City, State
 7. Insured's Zip Code
 7. Insured's Telephone Number
 8. Patient Status
 9. Other Insured's Name
 - 9a. Other Insured's Policy or Group Number
 - 9b. Other Insured's Date of Birth and Sex
 - 9c. Other Insured's Employer's/School Name
 - 9d. Insurance Plan/Program Name
 - 10a. Patient's Condition Related to Employment
 - 10b. Patient's Condition Related to Auto Accident
 - 10c. Patient's Condition Related to Other Accident
 11. Insured's Policy Group or FECA Number
 - 11a. Insured's Date of Birth and Sex
 - 11b. Insured's Employer's/School Name
 - 11c. Insurance Plan/Program Name
 - 11d. Another Health Benefit Plan
 14. Date of Current Illness/Injury/Pregnancy
 15. First Date of Same/Similar Illness
 16. Dates Patient Unable to Work
 17. Name of Referring Physician or Other Source
 - 17a. ID of Referring Physician
 18. Hospitalization Dates Related to Current Services
 20. Outside Lab & Charges
 21. Diagnoses or Nature of Illness or Injury
 22. Medicaid Resubmission: Code & Original Ref. No.
 23. Prior Authorization Number
 - 24A. Date(s) of Service
 - 24B. Place of Service
 - 24C. Type of Service

(Rule 1200-7-4-.04, continued)

- 24D. Procedures, Services, or Supplies
 - 24E. Diagnosis Code
 - 24F. Charges
 - 24G. Days or Units
 - 24H. EPSDT Family Plan
 - 24I. EMG
 - 24J. COB
 - 25. Federal Tax ID Number & Type
 - 26. Patient's Account No.
 - 27. Accept Assignment
 - 28. Total Charge
 - 29. Amount Paid
 - 30. Balance Due
 - 32. Name and Address of Facility Where Services Were Rendered
 - 33. Physician's, Supplier's Billing Name, Address, Zip Code, & Phone number
 - 33. PIN number
 - 33. GRP number
- (3) If collected by the ASTC, the data set for each reported discharge will include the following data elements:
- 1. Patient's Social Security Number
 - 2. Patient's Race/Ethnicity (optional)

Authority: T.C.A. §§4-5-202, 4-5-204, and 68-1-119. **Administrative History:** Original rule filed January 27, 2005; effective April 12, 2005.

1200-7-4-.05 SCHEDULE OF SUBMISSION.

- (1) All data submitted to the approved vendor by the ASTCs must be in a format and medium approved by the vendor.
- (2) Submission of required data by the ASTCs to their approved vendor shall adhere to the following quarterly schedule:

Quarter	Time Span	Submission Due Date
Q1	January 1 – March 31	May 30
Q2	April 1 – June 30	August 29
Q3	July 1 – September 30	November 29
Q4	October 1 – December 31	March 1

- (3) The approved vendor must receive all required data within 60 days following the close of the quarter.

Authority: T.C.A. §§4-5-202, 4-5-204, and 68-1-119. **Administrative History:** Original rule filed January 27, 2005; effective April 12, 2005.

1200-7-4-.06 PENALTY ASSESSMENT.

- (1) Beginning with records due on or before January 1, 2004, the Department of Health will assess a civil penalty of five cents (\$.05) per record per day for delinquent discharge reports. A claims data report is delinquent if the approved vendor does not receive it within sixty (60) days after the end of the quarter.

(Rule 1200-7-4-.06, continued)

- (2) If the vendor receives the report in incomplete form, the Commissioner shall notify the ASTC and provide fifteen (15) additional days for the ASTC to correct the error, prior to the imposition of any civil penalty.
- (3) For ASTCs not submitting any discharge reports by the submission deadline, the number of quarterly discharge reports delinquent, for a particular facility per quarter, will be estimated by dividing the number of total discharges or admissions reported in Schedule D-Availability and Utilization of Services of the most current, final Joint Annual Report of Ambulatory Surgical Treatment Centers (JAR-ASTC) on file with the Department of Health for that facility by four (4).
- (4) The Department will allow a 5% error rate on data submitted for discharges occurring before January 1, 2006. For discharges occurring on or after January 1, 2006, the acceptable error rate will be 2%. Records that fall within the acceptable error rate will not be subject to any penalties. Facilities that exceed the acceptable error rate will be penalized based on total errors (not on errors minus 5% or minus 2%).
- (5) The Commissioner shall send notice of an approximate daily assessment of the civil penalty to the delinquent ASTC. The assessment will estimate the approximate penalty per day based on the estimated number of discharge reports. The assessment will state that penalties will begin to accrue on the due date and will accrue until the delinquent discharge reports are received or the maximum penalty is reached. The maximum civil penalty for a delinquent report is ten dollars (\$10) for each discharge record.
- (6) Upon receipt of the penalty assessment, the ASTC has the right to an informal conference with the Commissioner. The Commissioner must receive a written request for an informal conference within thirty (30) days of the assessment, with a copy being sent to the Director of Health Statistics within the same time frame.
- (7) After the informal conference with the Commissioner, or if no conference is requested, or the time frame for requesting a conference has expired, the Department may proceed to collect the penalty by setting the penalty off against funds owed to the ASTC or by billing the facility for the amount of the penalty. If the facility fails to submit the required amount to the Department within 60 days of the date of the bill, the Department may institute litigation.
- (8) The Commissioner has the authority to delay any penalty for not correcting any particular data element and can grant a waiver from penalties if the failure is due to an act of God or other events of extraordinary circumstances clearly beyond the control of the ASTC. The facility must make a written request for the waiver and the informal conference within the first thirty (30) days following notification of the assessment. The proceedings before the Commissioner involving penalty waivers are not subject to the Uniform Administrative Procedures Act.

Authority: T.C.A. §§4-5-202, 4-5-204, and 68-1-119. **Administrative History:** Original rule filed January 27, 2005; effective April 12, 2005.

1200-7-4-.07 VENDOR REQUIREMENTS.

- (1) An applicant desiring to be approved as a statewide data processing vendor shall make written application to the Department of Health, Office of Health Statistics. The Department will approve a maximum of three vendors.
- (2) The format for reporting the required codes and the standards for completeness and quality are defined by the Department in the ASTC Procedural Manual. Each record must include the ID number approved by the Department for the reporting ASTC and all generated fields specified by the

(Rule 1200-7-4-.07, continued)

Department in the ASTC Procedural Manual. All records submitted to the Department must be in an electronic or magnetic medium approved by the Department.

- (3) The applicant must demonstrate that it is capable of receiving, and compiling, from ASTCs throughout the State the patient data elements specified in 1200-7-4-.04 (2) of this rule.
- (4) The applicant must demonstrate that it is capable of examining the patient data it receives for accuracy, informing the ASTC submitting the patient data of all potential errors in the data which are discovered as a result of the examination of accuracy, and correcting the patient data as directed by the ASTC and/or the Department.
- (5) The applicant shall affirm that it is familiar with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations, and will comply with all applicable and current HIPAA requirements in the course of doing business with the State. The applicant shall affirm that it will cooperate with the State in the course of its performance so that both parties will be in compliance with HIPAA, including cooperation and coordination with State privacy officials and other compliance officers required by HIPAA and its regulations. The applicant will sign any documents that are reasonably necessary to keep both parties in compliance with HIPAA, including, but not limited to, business associate agreements.
- (6) If an approved vendor fails to carry out its requirements as specified in the rules of the Tennessee Department of Health, the Department may remove its certification as an approved vendor.

Authority: T.C.A. §§4-5-202, 4-5-204, and 68-1-119. **Administrative History:** Original rule filed January 27, 2005; effective April 12, 2005.

1200-7-4-.08 PROCESSING AND VERIFICATION.

- (1) Discharge data reported in an incorrect format or with elements inconsistent with this rule will be considered in error and returned to the reporting entity.
- (2) Discharge data considered in error is subject to the penalties as prescribed in T.C.A. §68-1-119, unless the errors are corrected within fifteen (15) days after the ASTC receives notification of existing errors.
- (3) Each approved vendor shall report quarterly to the Department the reporting status of all facilities utilizing its services. An update to the original report to update the status of facilities that failed to report, that were delinquent in reporting, or that exceeded the acceptable error rate shall be provided to the Department on an as requested basis. Each vendor shall maintain and report to the Department any information the Department deems necessary for penalty assessment.
- (4) Each approved vendor shall report all data received each quarter, including additions and corrections, to the Department no more than one hundred and twenty (120) days following the close of the quarter. If any facility's data is incomplete or incorrect at that time, the vendor shall contact the Department for a decision on whether the quarterly submission should be delayed to allow for the completion or correction of the data, or if that facility's data should be held for inclusion in the next quarterly submission.
- (5) After all data have been computerized, edited, updated, and determined to be the final corrected set by the Department, each ASTC shall be given the opportunity to review the entire data set relating to their facility prior to the data being released to the public, if they so desire.

(Rule 1200-7-4-.08, continued)

- (6) The Ambulatory Surgical Treatment Center shall notify Health Statistics in writing of any errors in the data set. Valid explanations of the errors and documentation including correct data must be provided with the notification. The ASTC shall provide corrected records for the data set.

Authority: T.C.A. §§4-5-202, 4-5-204, and 68-1-119. **Administrative History:** Original rule filed January 27, 2005; effective April 12, 2005.

1200-7-4-.09 DATA AVAILABILITY.

- (1) Within thirty (30) days after all ASTC claims data has been verified and deemed final, the Department shall promptly make the data available to the Tennessee Hospital Association for review and copying.
- (2) No data will be released to the public until the verification process is completed.
- (3) The Commissioner has the authority to delay release of any particular data element(s) if it is determined that the quality or completeness of the information is not acceptable.
- (4) The data file will be made available for release and purchase; however, the personal identifiers on the patient records will be removed to protect the confidentiality of the patients.
- (5) The fee for preparation and release of the annual data file, or any subset of the annual file, will be \$220 per copy. No fee will be charged to an ASTC for its own finalized data.

Authority: T.C.A. §§4-5-202, 4-5-204, and 68-1-119. **Administrative History:** Original rule filed January 27, 2005; effective April 12, 2005.

1200-7-4-.10 CONFIDENTIAL INFORMATION.

- (1) All information reported to the Commissioner under this part is confidential until processed and verified by the Department.
- (2) In no event may personal identifiers be released to anyone except qualified vendors nor shall information be made available to anyone by either the Department, vendors or the THA that reasonably could be expected to reveal the identity of a patient including those items contained in 45 C.F.R. § 514 (a) and (b).
- (3) Information regarding the name of an employer will not be released to the public. Information about any employer may be released to the employer identified in the data record. ASTCs may receive information regarding the name of employer for their claims only.
- (4) Neither the Department of Health nor THA shall release information to the public in violation of any other statutory provisions for confidentiality of health related matters or the providers of health services.
- (5) The Department may use or authorize use of the compiled data, including the personal identifiers, for purposes that are necessary to provide for or protect the health of the population and as permitted by law.

Authority: T.C.A. §§4-5-202, 4-5-204, and 68-1-119. **Administrative History:** Original rule filed January 27, 2005; effective April 12, 2005.